SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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16 X 17a 17b 17c 17d 18

19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) JAMES STRONG JR. Mailing Address P O BOX 457		Transaction ID: SA17.730669 Date of Receipt 11 30 2015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation RETIRED	250.00
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MR. MILTON STANTON STRONG		Transaction ID : SA17.716904 Date of Receipt
Mailing Address 4319 MARGATE DR		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DALLAS	State Zip Code TX 75220-3836	CONTRIBUTION
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer RETIRED	Occupation RETIRED	1000.00
Receipt For: 2016 Primary General Other (specify) ▼	Election Cycle-to-Date 1000.00	
Full Name (Last, First, Middle Initial) MRS. NORMA B. STRONG		Transaction ID : SA17.712233 Date of Receipt
Mailing Address 25308 W 96TH TERRAG	CE	M M / D D / Y Y Y Y Y 1 Y 1 1 30 2015
City LENEXA	State Zip Code KS 66227-7219	CONTRIBUTION
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer SELF EMPLOYED	Occupation BUSINESS OWNER	10.00
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 530.00	
Subtotal Of Receipts This Page (optional)		1260.00
Takel This Davied (last many this lie	e number only)	